

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

No

Number of copies of CRF::

Title ::

METHOD OF MANUFACTURE,
INSTALLATION, AND SYSTEM FOR AN
ALVEOLAR RIDGE AUGMENTATION GRAFT
900122.463

Attorney Docket Number::

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

9

Small Entity?::

No

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Scott
Middle Name:: D.
Family Name:: Ganz
Name Suffix::
City of Residence:: River Vale
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 214 Patriot Lane
City of mailing address:: River Vale
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07024

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Roger
Middle Name:: C.
Family Name:: Stikeleather
Name Suffix::
City of Residence:: Doylestown
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: 6166 Stovers Mill Road

City of mailing address:: Doylestown
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 18901

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: J.
Family Name:: Bradbury
Name Suffix::
City of Residence:: Yardley
State or Province of Residence:: PA
Country of Residence:: US
Street of mailing address:: 30 Lower Hilltop Road
City of mailing address:: Yardley
State or Province of mailing address:: PA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 19067

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alfred
Middle Name:: Anthony
Family Name:: Litwak

Name Suffix::

City of Residence:: Manasquan

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 498 Long Avenue

City of mailing address:: Manasquan

State or Province of mailing address:: NJ

Country of mailing address:: US

Postal or Zip Code of mailing address:: 08736

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/450,407	02/26/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Therics, Inc.
Street of mailing address::	115 Campus Drive
City of mailing address::	Princeton
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08540

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